

DECLARATION OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS FOR HOMEOWNER AND RENTER ASSISTANCE

| Citizens of the United States who meet all eligibility requirements may r | |
|---|-------------------------------------|
| Citizens of the United States who meet all eligibility requirements may r | |
| Renter Assistance. To receive assistance, you must complete Sections | |
| Noncitizens (aliens) who meet all eligibility requirements may also received Assistance and must complete Sections A, B and C of this form to receive | |
| SECTION A: CITIZENSHIP DECLARATION | |
| 1. Are you a United States citizen? Yes ☐ No ☐ | |
| If you checked "Yes", go to Section C. If you checked "No" and you me please complete Sections B and C. | eet all eligibility requirements, |
| SECTION B: ALIEN STATUS DECLARATION | |
| General Information If you are not a United States citizen, you may file a claim for Homeown meet the income, age, blindness or disability requirements for assistant following: A qualified alien, A nonimmigrant alien under the Immigration and Nationality Act (INA) An alien paroled into the United States under Section 212(d)(5) of the | ce and are one of the A) or |
| These categories of aliens are described further by the following code and aliens not described in the code chart are not eligible to receive Ho Assistance. | |
| Instructions If you are not a United States citizen, please provide your alien registrately. Next, find the category listed on the following Eligibility Code Ct 2) that accurately describes your presence or admission to the United Status code letter for that category and enter it below. ALIEN REGISTRATION NUMBER DATE OF ENTRY A | hart For Noncitizens (See Side |

Note: If you have questions regarding your immigration status, contact the Immigration and Naturalization Service (INS) office in your area.

ELIGIBILITY CODE CHART FOR NONCITIZENS

| If you are: | Use Alien Status Code: |
|---|---------------------------|
| An alien lawfully admitted for permanent residence under the INA; An alien who (or whose child or child's parent) has been battered or subjected to extreme cruelty in the United States by a spouse or parent or by a spouse's or parent's family member living in the same house; OR An alien or the child of an alien who has been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse's or parent's family member living in the same house. | В |
| An alien who is granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980. | С |
| An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect immediately prior to September 30, 1996) or Section 241(b)(3) of such act (as amended by Section 305(a) of division C of Public Law 104-208). | D |
| An alien who is granted asylum under Section 208 of the INA. | E |
| A refugee admitted to the United States under Section 207 of the INA. | F |
| An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA. | G |
| An alien who is a Cuban or Haitian entrant (as defined in Section 501(e) of the Refugee Education Assistance Act of 1980). | Н |
| An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA. | I |
| A nonimmigrant alien, as defined in Section 101(a)(15) of the INA, admitted under the INA (8 U.S.C. Section 1101). | J |

You do not qualify for Homeowner or Renter Assistance if you are an alien and:

- Your alien status is not described above; or
- You are an undocumented alien. (Undocumented aliens do not qualify for most public benefits, including Homeowner and Renter Assistance.)

SECTION C:

I authorize the Franchise Tax Board to match my name and the information provided herein against the files of the Department of Health Services and other state or federal agencies to confirm my eligibility for the Homeowner and Renter Assistance Program.

Under penalties of perjury, I declare that this declaration and all statements regarding my citizenship or alien status, including accompanying schedules, as well as the information in my claim, are to the best of my knowledge true, correct and complete.

| Claimant's Signature: | Date: _ | • |
|-----------------------|---------|---|